PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number Filing Date 10/695,968 10/29/2003 | | | | To be Mailed | |
|--|---|---|--|---|----------|--|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| FOR NUM | | | | ILED N | | UMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIN CFR 1.16(h)) | IS | minus 3 = * | | | | | x \$ = | | 1 | x s = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | he specification and drawing eets of paper, the application \$250 (\$125 for small entity ditional 50 sheets or fraction U.S.C. 41(a)(1)(G) and 37 | | | n size fee due for each i thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j)) | | | | | | | | TOTAL | | ı | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | | | J | TOTAL | | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 03/13/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | LY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 23 | Minus | 22 | | = 1 | | x \$ = | | OR | X \$52= | 52 | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | | = 0 | | x \$ = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | ᆫ | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | l | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 52 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | R ELY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | | Minus | | | = | | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | | | | x \$ = | | OR | x \$ = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | ı | | | |
| Α | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 11 | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". SANDRA F. GARNETT! The "Highest Number Previously Paid For IN THIS SPACE is less than 1, enter "20". | | | | | | | | | | | | |

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in fall (and the process) an application Confidentiality is operand by 38 US 6.7 22 and 37 CFR 1.4. This recollection is estimated to take 12 minutes to complete, encuding patherapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.